									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								PBSISPICI						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	EN	ITITY	OR		R THAN ENTITY	
TOTAL CLAIMS			2/					RATE FEE		FEE	7	RATE	FEE	
FOR			NUMBER	NUMBER FILED		IUMBER EXTRA		BASIC F	ΈE	385.00	OR	BASIC FE	770.00	
TOTAL CHARGEABLE CLAIMS			2 (minus 20=		* /			X\$ 9=			OR	X\$18=	18	
INDEPENDENT CLAIMS			5 minus 3 =		* (2		X43=		F	OR	X86=	130	
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145:	_		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							ı	TOTA	L	· · · · · · · · · · · · · · · · · · ·	OR	TOTAL	960	
CLAIMS AS AMENDED - PART II												OTHER		
	DITIT	(Column 1)	(Column 2) (Colum			(Column 3)		SMAL	LE	NTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		PLATE	ADDI- TIONAL FEE	
	Total	.20	Minus	- Q	_1_	=		X\$ 9=		_	OR	X\$18=		
	Independent	NTATION OF MI	Minus	E	<u> </u>	=		X43=			OR	X86=		
	FIRST PRESE	JEHPLE DE	PENDENI	CLAIM			+145=			OR	+290=			
							L	TOTA			OR ,	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)									- L.		• ′	,		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA'		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***		=		X43=			OR	X86=		
	PIRST PRESE	NTATION OF MU	LIPLE DEF	ENDENT	CLAIM			+145=			OR	+290=		
· · · · · · · · · · · · · · · · · · ·								TOTAL DDIT. FEE]	OR A	TOTAL DDIT. FEE		
_	-							1						
≶ I.		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMBI PREVIOL PAID FO	er Jsly	PRESENT EXTRA		RATE	T	ADDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	st ·		=	Γ	X\$ 9=	T		OR	X\$18=		
	Independent		Minus	***		=	H	X43=	╁		<u> </u>	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		-		╁		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."														
1	he "Highest Num	ber Previously Paid	For" (Total or	Independen	t) is the	highest number	found	in the ap	prop	oriate box	in colur	nn 1.		